

MEDICAL TRANSPORTATION SERVICE
2431 GREENUP AVENUE ASHLAND, KY 41101

APPLICATION FOR EMPLOYMENT

Medical Transportation Service (MTS) is an Equal Opportunity employer. All qualified applicants will receive consideration for employment without regard to race, religion, color, natural origin, ancestry, sex, age, or disabilities. If an applicant has any question about the legality of the propriety of any questions, you should not answer but merely state your objection to the question and the reason thereof.

Date: _____ Application will remain active for 6 months.

PERSONAL INFORMATION

Social Security Number: _____ Are you under 23? Yes ___ No ___

Name: _____
Last First Middle

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home () _____ Cell: () _____

Emergency contact (name & phone): _____

Are you eligible for employment in the United States? Yes ___ No ___

Citizenship status: US Citizen ___ Resident alien ___ Non-resident alien ___

Check one: Visitor ___ Student ___ Permanent Visa ___

TYPE OF WORK DESIRED

Check the type of employment in which you are interested:

Full-time ___ Part-time ___ Day ___ Evening ___ Night ___

Please explain work schedule limitations, if any _____

Position(s) interested in: _____ Date available: _____

Have you ever been employed by MTS? If so, under what name and why did you leave?: _____

EDUCATION

High School Name: _____

City: _____ State: _____ Date graduated: _____

College Name: _____ Degree: _____

City: _____ State: _____ Date Graduated: _____

Please list any extracurricular activities you enjoy and offices you've held, if any: _____

CREDENTIALS

Please **attach copies** of significant professional or occupational credentials (such as certification in CPR, EMT, national registry and driver's license) you hold that are relevant to the position(s) for which you desire consideration.

Kentucky Registration Number: _____ National Registration Number: _____

Other states in which you are licensed (including number) _____

Professional membership of affiliations: _____

CLERICAL SKILLS

Complete only if applicable to the position(s) for which you are applying.

Typing speed: _____ wpm Medical terminology: Yes _____ No _____

Please check all computer programs that you have experience with and rate yourself:
1- average 2-better than average 3-best 4-expert

Word: _____ Excel: _____ Access: _____ Power Point: _____

Outlook: _____ Publisher: _____ QuickBooks: _____

GENERAL INFORMATION

How did you hear about employment with MTS: _____

Were you referred by an employee, if so, who? _____

Please list any driving violation in the last five (5) years: _____

Please list any criminal charges in the last ten (10) years: _____

EMPLOYMENT HISTORY

Begin with present or most recent

Name of employer: _____ Position held: _____

Address: _____ City: _____ State: _____

Phone number: _____ May we contact this employer? _____

Date Started: _____ Date Left: _____ Salary: _____

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Name of employer: _____ Position held: _____

Address: _____ City: _____ State: _____

Phone number: _____ May we contact this employer? _____

Date started: _____ Date Left: _____ Salary: _____

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MILITARY EXPERIENCE

If you were in the U. S. Armed Forces, please list the branch of service, your dates of service and your rank: _____

REFERENCES AND COMMENTS:

Please give the names and phone numbers of personal references other than former employees or relatives. If you have any comments or further explanations of your qualifications, please include them.

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I understand and agree that completion of this application does not constitute an offer of employment and that any omission or misrepresentation of material fact in this application will be sufficient cause for cancellation of the application and/or separation from Medical Transportation Service, if I have been employed. I further understand that offers of employment are conditional upon successful and satisfactory completion of a medical evaluation required for the position for which I am selected. I voluntarily give Medical Transportation Service permission to make a thorough investigation of my past employers and all other facts stated above, and release from all liability or responsibility all person, places of business and municipalities supplying such information.

Signature: _____ Date: _____

Interviewer's Comments: